

# LOUISIANA'S START SAVING PROGRAM

## DISBURSEMENT FOR STUDENT LOAN PROGRAM DEBT

START Saving Program  
PO Box 91271  
Baton Rouge, LA 70821-9271

Telephone: 1-800-259-5626  
Internet: [www.startsaving.la.gov](http://www.startsaving.la.gov)  
Fax: (225) 612-6497  
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**INSTRUCTIONS:** Account Owner's must complete this form to receive a disbursement from their account to pay towards student loan debt. The student loan debtor must be the beneficiary or a sibling of the beneficiary listed on the account. There is a lifetime maximum of \$10,000 per person from any 529 Plan for payment toward student loan debt. Only the Account Owner's deposits and earnings thereon will be disbursed; no earnings enhancements or earnings thereon will be disbursed for student loan payments. **Disbursements will be issued to the Account Owner only.** The disbursement amount may be subject to federal and state income tax if not used to pay toward the intended purpose of this disbursement. **You should seek advice from a qualified tax professional before you submit this form. Please PRINT neatly in ink and complete all sections.**

### SECTION A: ACCOUNT FROM WHICH THE DISBURSEMENT IS TO BE MADE:

Account Owner's Name: \_\_\_\_\_

Account Owner's Telephone Number: \_\_\_\_\_

Account Owner's E-mail Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

### SECTION B - BENEFICIARY OR BENEFICIARY SIBLING INFORMATION:

DISBURSEMENT FOR STUDENT LOAN DEBT FOR:  Beneficiary Listed on Account Number in Section A  
 Sibling of Beneficiary Listed on Account Number in Section A

Please complete the following about the Beneficiary or Sibling of Beneficiary:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If a sibling, please provide Relationship to Beneficiary:  Full-Sibling  Half-Sibling  Step-Sibling

### SECTION C: AMOUNT TO BE DISBURSED

A disbursement must be at least \$250.00 or the Current Value of the deposits and interest thereon in the account. A disbursement cannot exceed the Current Value of the deposits and interest thereon of the account. Disbursements will only be made to the Account Owner and cannot exceed a lifetime maximum of \$10,000 per beneficiary or sibling of the beneficiary.

AMOUNT TO BE DISBURSED: \$ \_\_\_\_\_

### SECTION D - ACCOUNT OWNER'S CERTIFICATION

By signing this Disbursement Request and submitting it to the START Saving Program, you authorize a disbursement from your account for the beneficiary or sibling of the beneficiary as listed in Section B and in the amount designated in Section C, not to exceed a \$10,000 lifetime maximum from any 529 plan. In addition, you certify that this disbursement will be used to pay student loan debt for the Beneficiary or the sibling of beneficiary listed in Section B.

Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_